

# City of St. Charles

## Renewal Application

### City Retailer's Alcoholic Liquor License

#### For Office Use Only

License Class(es) \_\_\_\_\_  
License No. \_\_\_\_\_  
ID No. \_\_\_\_\_  
License Fee Paid / /  
Receipt No. \_\_\_\_\_  
Police Dept. Review / /  
Liq. Commissioner Reviewed: / /  
☐ Approved  
☐ Denied  
Comments \_\_\_\_\_  
\_\_\_\_\_

#### Business Information

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Classification \_\_\_\_\_

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other \_\_\_\_\_

If corporation or partnership, please list officers:

1. Office: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: - - Date of Birth: / /

2. Office: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: - - Date of Birth: / /

3. Office: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: - - Date of Birth: / /

4. Office: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: - - Date of Birth: / /

#### Owner Information

Owner's Name \_\_\_\_\_ Corporate Registered Agent (if applicable) \_\_\_\_\_

Corporate Contact Name (if applicable) \_\_\_\_\_

Owner's Address (home/corporate headquarters) \_\_\_\_\_

Owner's Phone \_\_\_\_\_ State of Incorporation (if applicable) \_\_\_\_\_

If State of Incorporation is **not** Illinois, date when corporation became qualified to transact business in Illinois: / /

Owner's Social Security/FEIN No. \_\_\_\_\_ Owner's Date of Birth/Date of Incorporation / /

License Holder BASSET Certification No. \_\_\_\_\_

Have any persons prohibited by city code or state status acquired more than 5% ownership in corporation or partnership?

☐ Yes ☐ No

#### Manager Information\*

Manager's Name \_\_\_\_\_

Manager's Address (home) \_\_\_\_\_

Manager's Phone (home) \_\_\_\_\_

Manager's Social Security No. \_\_\_\_\_

Manager's Date of Birth \_\_\_\_\_

Manager's Date of Hire (Mo./Yr.) \_\_\_\_\_

#### Associate/Secondary Manager Information\*

Name \_\_\_\_\_

Address (home) \_\_\_\_\_

Phone (home) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Hire (Mo./Yr.) \_\_\_\_\_

\*All managers of **corporate-owned establishments** must have fingerprints and background checks on file with the Liquor Commissioner's Office. New managers must contact the Liquor Commissioner's Office at (630) 377-4445 for information or to schedule an appointment.

Indicate principal liquor business conducted on premises:

- ☐ Bar  
☐ Packaged Goods  
☐ Predominantly Food  
☐ Table service of alcohol only.  
☐ Table service and stand alone bar service

No. of service stations from which  
alcoholic beverages are served: \_\_\_\_\_

Storage of Alcoholic Beverages

- ☐ Stored on premises  
☐ Stored off premises

Does the owner of the liquor establishment lease the premises on which the business is conducted? ☐ Yes ☐ No

Name of Lessor \_\_\_\_\_

Address of Lessor \_\_\_\_\_

Phone of Lessor \_\_\_\_\_

**\*Please include a copy of current lease with application.**

Does the owner hold a liquor license at another premise? ☐ Yes ☐ No

Name of other establishment (if different from business name above) \_\_\_\_\_

Address of other establishment(s) \_\_\_\_\_

Is any action currently pending against business or owner for violation of the Retailer's Occupation Tax Act of the state of Illinois? ☐ Yes ☐ No

State of Illinois )

) SS

County of Kane)

#### Affidavit

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and are made for the purpose of inducing the City of St. Charles to renew the liquor license issued to me/us for the period ending April, 30 \_\_\_\_\_ for the location hereinbefore indicated; that I am/we are now conducting, and intend to conduct during the period beginning May 1, \_\_\_\_\_ the business of a city retailer of alcoholic liquor at the address hereinbefore shown; that I am/we are qualified under the ordinances of the City of St. Charles and the laws of the state of Illinois to receive such renewal license that there has been no material change in the premises, and that the answers made to questions in the original application are still applicable insofar as they relate to the sale of alcoholic liquor at retail. I/We have committed no act (nor omitted performing any act required by law to be performed) which disqualified me/us to receive, by reason of any matter or thing contained in the ordinances of the City of St. Charles or in the Illinois Liquor Control Act, a city retailer's license for the sale of alcoholic liquor at the address hereinbefore shown, and I/we have not accepted, received, or borrowed money, or anything else of value directly or indirectly from any person connected with or in any way representing any manufacturer or distributor or any coin operated or amusement device.

I/We further understand that any misrepresentation or failure to notify the Mayor of any fact requested in this application or omission of any fact pertinent to this application shall constitute good cause for the Mayor to deny this renewal application and/or to revoke any license issued pursuant to this application.

\_\_\_\_\_  
\_\_\_\_\_  
I, \_\_\_\_\_, a Notary Public in and for said county in the state aforesaid, do hereby certify that \_\_\_\_\_ personally known to me to be the renewal applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public